

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WOMEN SPEAK OUT PAC

ADDRESS (number and street)

2800 Shirlington Rd

Suite 1200

Check if different
than previously
reported. (ACC)

Arlington

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530766

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
09 01 2021

through

M M / D D / Y Y Y Y Y Y
09 30 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Gross, Jennifer, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 20 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
09		01		2021

To:

M M	/	D D	/	Y Y Y Y Y
09		30		2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2021</td></tr></table>	Y	Y	Y	Y	Y	2021						<table><tr><td colspan="5">72764.90</td></tr></table>	72764.90				
Y	Y	Y	Y	Y													
2021																	
72764.90																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">6073.79</td></tr></table>	6073.79															
6073.79																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">12999.00</td></tr></table>	12999.00					<table><tr><td colspan="5">265060.75</td></tr></table>	265060.75									
12999.00																	
265060.75																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">19072.79</td></tr></table>	19072.79					<table><tr><td colspan="5">337825.65</td></tr></table>	337825.65									
19072.79																	
337825.65																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">16309.09</td></tr></table>	16309.09					<table><tr><td colspan="5">335061.95</td></tr></table>	335061.95									
16309.09																	
335061.95																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">2763.70</td></tr></table>	2763.70					<table><tr><td colspan="5">2763.70</td></tr></table>	2763.70									
2763.70																	
2763.70																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">183131.18</td></tr></table>	183131.18															
183131.18																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
09	/	01	/	2021

To:

M M	/	D D	/	Y Y Y Y
09	/	30	/	2021

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

12625.00

188473.80

(ii) Unitemized

374.00

32871.20

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

12999.00

221345.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

12999.00

221345.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

43715.75

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

12999.00

265060.75

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

12999.00

265060.75

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	- 14921.47	303401.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	- 14921.47	303401.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	31155.56	31155.56
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	75.00	505.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	75.00	505.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16309.09	335061.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16309.09	335061.95

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12999.00	221345.00
34. Total Contribution Refunds (from Line 28(d))	75.00	505.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12924.00	220840.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	- 14921.47	303401.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	43715.75
38. Net Operating Expenditures (subtract Line 37 from Line 36)	- 14921.47	259685.64

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Borchert, Steven, , ,

Mailing Address 1706 Whitby Avenue

City
Portage

State
MI

Zip Code
49024-2552

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2021

Transaction ID : SA11AI.41865

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Czok, Rev. Robert, W., ,

Mailing Address 7200 Douglaston

City

Douglaston

State

NY

Zip Code

11362

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Reverend

Occupation (for Individual)

St. Anthony Church

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI.41868

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dobrzanski, Frank, , ,

Mailing Address 5304 Sapphire Springs Drive

City

Knightdale

State

NC

Zip Code

27545-7585

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Expedient Resource Services

Occupation (for Individual)

Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2021

Transaction ID : SA11AI.41870

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Endres, Stephen, , ,

Mailing Address 105 Charmuth Road

City
Lutherville

State
MD

Zip Code
21093-5209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Emory Hill

Occupation (for Individual)

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2021

Transaction ID : SA11AI.41871

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hegeman, Carmen, B., ,

Mailing Address 809 La Cruz Drive

City
El Paso

State
TX

Zip Code
79902-1720

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2021

Transaction ID : SA11AI.41874

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Koon, Edward, , ,

Mailing Address 4381 Leonard Street

City
Coopersville

State
MI

Zip Code
49404-9610

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best efforts

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2021

Transaction ID : SA11AI.41876

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

170.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Minks, Rachel, , ,

Mailing Address 17024 Barium Street Northwest

City
AndoverState
MNZip Code
55304-1623FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Capstone Homes

Occupation (for Individual)

Director of Community & Culture

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2021

Transaction ID : SA11AI.41883

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mungas, Carol, E., ,

Mailing Address 2088 N 164th Ave.

City
GoodyearState
AZZip Code
85395-1811FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2021

Transaction ID : SA11AI.41886

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reh, Thomas, , ,

Mailing Address 9850 Waterbury Drive

City
Saint LouisState
MOZip Code
63124-1046FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI.41887

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

2250.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Snyder, Maryann, , ,

Mailing Address 11585 Shelborne Road

City
Carmel

State
IN

Zip Code
46032-9528

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI.41889

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Van Thorre, James, L., ,

Mailing Address 14595 W. Rockland Road Unit 328

City
Libertyville

State
IL

Zip Code
60048-9514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Van Thorre & Associates

Occupation (for Individual)

Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI.41890

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wach, Jeanne, , ,

Mailing Address 459 Mountain View Road

City
Nazareth

State
PA

Zip Code
18064-9657

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2021

Transaction ID : SA11AI.41892

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Webber, Alan, , ,

Mailing Address PO Box 208

City
Bellflower

State
MO

Zip Code
63333-0208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2021

Transaction ID : SA11AI.41893

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

12625.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Anedot, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2021

Mailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit card processing fee true up

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.42255**

Amount of Each Disbursement this Period

- 45.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Anedot, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2021

Mailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.41897**

Amount of Each Disbursement this Period

48.07

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Tradewinds Consulting, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2021

Mailing Address 21850 Inglewood Ct.

City
AshburnState
VAZip Code
20148Purpose of Disbursement
Mailer Production IE- See Schedule D

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.42245**

Amount of Each Disbursement this Period

- 15000.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

- 14996.93

TOTAL This Period (last page this line number only).....▶

- 14996.93

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 12 OF 143

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9700

WOMEN SPEAK OUT PAC**LOAN SOURCE** Full Name (Last, First, Middle Initial)
Susan B Anthony List, Inc.☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2800 Shirlington Rd
Ste 1200

City

Arlington

State

VA

ZIP Code

22206

Original Amount of Loan

77452.55

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

77452.55

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 30 / 2017

Date Due

M M / D D / Y Y Y Y

11/30/2021

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

77452.55

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 13 OF 143

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.13439

WOMEN SPEAK OUT PAC**LOAN SOURCE** Full Name (Last, First, Middle Initial)
Susan B Anthony List, Inc.☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2800 Shirlington Rd
Ste 1200

City

Arlington

State

VA

ZIP Code

22206

Original Amount of Loan

10118.58

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10118.58

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 30 / 2018

Date Due

M M / D D / Y Y Y Y
11/30/2022

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10118.58

TOTALS This Period (last page in this line only)..... ►

87571.13

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 OF 143

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Denton US LLPNature of Debt (Purpose):
Legal Fees

Mailing Address 1900 K Street NW

City
WashingtonState
DCZip Code
20006

Outstanding Balance Beginning This Period

33139.00

Transaction ID : SD10.39259

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

33139.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Media BridgeNature of Debt (Purpose):
Estimate digital ads

Mailing Address 11300 Astarita Ave

City
PartlowState
VAZip Code
22534

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.15740

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.Nature of Debt (Purpose):
Existing Loan owed to SBAMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

10500.00

Transaction ID : SD10.4157

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

45639.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 143

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Loan for FEC Reporting Services

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.4110

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Mailings Expense

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

5204.43

Transaction ID : SD10.4318

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5204.43

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Original transactions put on SBA CC

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

8610.00

Transaction ID : SD10.6625

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8610.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

18814.43

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 143

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.Nature of Debt (Purpose):
Expense put on SBA CCMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

4709.73

Transaction ID : SD10.6756

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4709.73

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.Nature of Debt (Purpose):
To post Thrifty Car Rental Expense put on
SBA CardMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

1894.83

Transaction ID : SD10.9222

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1894.83

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.Nature of Debt (Purpose):
Non-Federal - SuppliesMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

200.00

Transaction ID : SD10.15960

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6804.56

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 143

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Non-Federal - Travel

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

27.90

Transaction ID : SD10.15958

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

27.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Salary / Contractor Pay

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

4324.16

Transaction ID : SD10.39334

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4324.16

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Legal Fees

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

4950.00

Transaction ID : SD10.41208

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4950.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

9302.06

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 143

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Mailer Production- Tradewinds See Schedule E

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.41901

Amount Incurred This Period

15000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

15000.00

2) **TOTALS** This Period (last page this line number only)..... ►

95560.05

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

95560.05

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42158 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>	
Name of Federal Candidate: ALLRED, COLIN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42159 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>	
Name of Federal Candidate: AXNE, CINDY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type		
Name of Federal Candidate: AYOTTE, KELLY A, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type		
Name of Federal Candidate: BACON, DONALD J, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

10

20

2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-around;"> 09 20 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 234.50 </div> Transaction ID : SE.42162 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-around;"> 09 30 2021 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/Type 		
Name of Federal Candidate: <input type="checkbox"/> Support BENNET, MICHAEL F., , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought 790.19			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-around;"> 09 20 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div> Transaction ID : SE.42163 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-around;"> 09 30 2021 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Mailer Production		Category/Type 		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support BICE, STEPHANIE, , , <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u>	
Calendar Year-To-Date Per Election for Office Sought 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	351.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 	Transaction ID : SE.42164 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 30 / 2021 </div>	
Name of Federal Candidate: <input type="checkbox"/> Support BIDEN, JOSEPH R JR, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 	Transaction ID : SE.42165 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 30 / 2021 </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support BOEBERT, LAUREN, , , <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 23 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42166 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	
Name of Federal Candidate: BOURDEAUX, CAROLYN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42167 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	
Name of Federal Candidate: BURR, RICHARD M, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">487.72</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 20 / 2021		
City Arlington		State VA	Amount <input type="text" value="117.25"/>		
Purpose of Expenditure Printing		Category/Type <input type="text" value=""/>		Transaction ID : SE.42168 Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 30 / 2021	
Name of Federal Candidate: BUSTOS, CHERI, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>17</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="302.48"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 20 / 2021		
City Arlington		State VA	Amount <input type="text" value="117.25"/>		
Purpose of Expenditure Printing		Category/Type <input type="text" value=""/>		Transaction ID : SE.42169 Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 30 / 2021	
Name of Federal Candidate: CARTER, JOHN R. REP., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>31</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="302.48"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<input type="text" value="234.50"/>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text" value=""/>		
(c) TOTAL Independent Expenditures			<input type="text" value=""/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <input type="text" value="MM/DD/YYYY"/> 10 / 20 / 2021	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42170 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate: CARTWRIGHT, MATTHEW A., , ,			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">302.48</div>			<div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42171 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate: CASTEN, SEAN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">302.48</div>			<div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 26 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 234.50 </div> Transaction ID : SE.42172 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 30 / 2021 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 		
Name of Federal Candidate: <input type="checkbox"/> Support CORTEZ MASTO, CATHERINE, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 604.96			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div> Transaction ID : SE.42173 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 30 / 2021 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 		
Name of Federal Candidate: <input type="checkbox"/> Support CRAIG, ANGELA DAWN, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	351.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 27 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Arlington		State VA	Zip Code 22206		Amount 117.25
Purpose of Expenditure Printing			Category/Type 		Transaction ID : SE.42174 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2021
Name of Federal Candidate: CRIST, CHARLIE JOSEPH, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			302.48 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Arlington		State VA	Zip Code 22206		Amount 117.25
Purpose of Expenditure Printing			Category/Type 		Transaction ID : SE.42175 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2021
Name of Federal Candidate: DAVIDS, SHARICE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought			302.48 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				234.50	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 28 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42176 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> 09 / 30 / 2021 </div>	
Name of Federal Candidate: DEFAZIO, PETER A, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42177 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> 09 / 30 / 2021 </div>	
Name of Federal Candidate: DELGADO, ANTONIO, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">234.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 29 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

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Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42178 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: FISCHBACH, MICHELLE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42179 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: FLETCHER, ELIZABETH, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">234.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 30 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42180 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: GARAMENDI, JOHN, ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42181 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: GARBARINO, ANDREW, ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 31 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42182 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	
Name of Federal Candidate: GARCIA, MICHAEL, , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42183 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	
Name of Federal Candidate: GIMENEZ, CARLOS, , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 32 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Arlington		State VA	Zip Code 22206		Amount 117.25
Purpose of Expenditure Printing			Category/ Type 		Transaction ID : SE.42185 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2021
Name of Federal Candidate: GOLDEN, JARED, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought			302.48		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2021		
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Arlington		State VA	Zip Code 22206		Amount 117.25
Purpose of Expenditure Printing			Category/ Type 		Transaction ID : SE.42186 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2021
Name of Federal Candidate: GONZALES, ERNEST ANTHONY TONY, , , II			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought			302.48		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2021		
(a) SUBTOTAL of Itemized Independent Expenditures				234.50	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 33 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type	Transaction ID : SE.42187 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: GONZALEZ, VICENTE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type	Transaction ID : SE.42188 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: GOOD, ROBERT G., , ,			Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 34 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42189 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Name of Federal Candidate: GOTTHEIMER, JOSH, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>				

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">351.75</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42190 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Name of Federal Candidate: GRASSLEY, CHARLES E, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">907.44</div>				

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">469.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 35 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Arlington	State VA	Zip Code 22206	Amount 234.50		
Purpose of Expenditure Printing		Category/ Type 	Transaction ID : SE.42191 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2021		
Name of Federal Candidate: HASSAN, MARGARET WOOD, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NH		
Calendar Year-To-Date Per Election for Office Sought 907.44			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Arlington	State VA	Zip Code 22206	Amount 117.25		
Purpose of Expenditure Printing		Category/ Type 	Transaction ID : SE.42192 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2021		
Name of Federal Candidate: HERRELL, STELLA YVETTE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: NM		
Calendar Year-To-Date Per Election for Office Sought 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			351.75		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 36 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 20 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 	Transaction ID : SE.42193 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 30 2021 </div>	
Name of Federal Candidate: ARENHOLZ, ASHLEY HINSON, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 01 State: IA	
Calendar Year-To-Date Per Election for Office Sought 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 20 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 	Transaction ID : SE.42194 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 30 2021 </div>	
Name of Federal Candidate: HORSFORD, STEVEN ALEXZANDER, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 04 State: NV	
Calendar Year-To-Date Per Election for Office Sought 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 37 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42195 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: HUDSON, RICHARD L. JR., , ,			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">351.75</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42196 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: JOHNSON, RON HAROLD MR., , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">907.44</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	469.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 38 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">586.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42197 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">2068.10</div>	
Name of Federal Candidate: KELLY, MARK, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42198 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	
Name of Federal Candidate: KIM, YOUNG, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 39 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	703.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 39 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
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 Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on / /

Full Name of Payee The Lukens Company <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2800 Shirlington Rd			Amount <input type="text"/> 117.25 Transaction ID : SE.42199 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Arlington	State VA	Zip Code 22206	
Purpose of Expenditure Printing		Category/ Type <input type="text"/>	
Name of Federal Candidate: KIND, RONALD JAMES, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee The Lukens Company <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2800 Shirlington Rd			Amount <input type="text"/> 117.25 Transaction ID : SE.42200 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Arlington	State VA	Zip Code 22206	
Purpose of Expenditure Printing		Category/ Type <input type="text"/>	
Name of Federal Candidate: LAMB, CONOR, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 262.88			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 / /
 10 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 40 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 20 / 2021		
City Arlington		State VA	Amount <input type="text" value="117.25"/>		
Purpose of Expenditure Printing		Zip Code 22206	Transaction ID : SE.42201 Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 30 / 2021		
Name of Federal Candidate: LAXALT, ADAM, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			<input type="text" value="907.44"/> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 20 / 2021		
City Arlington		State VA	Amount <input type="text" value="117.25"/>		
Purpose of Expenditure Printing		Zip Code 22206	Transaction ID : SE.42202 Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 30 / 2021		
Name of Federal Candidate: LEE, SUSIE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			<input type="text" value="302.48"/> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures			<input type="text" value="234.50"/>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text" value=""/>		
(c) TOTAL Independent Expenditures			<input type="text" value=""/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Gross, Jennifer, , ,</i>		[Electronically Filed]		Date <input type="text" value="MM/DD/YYYY"/> 10 / 20 / 2021	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 41 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42203 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: LEVIN, MIKE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 49 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42204 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: LURIA, ELAINE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">234.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 42 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 20 / 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 117.25 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/Type 	Transaction ID : SE.42205 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 30 / 2021 </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MACE, NANCY, , ,			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> President State: <u>SC</u>	
Calendar Year-To-Date Per Election for Office Sought 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 20 / 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 117.25 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/Type 	Transaction ID : SE.42206 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 30 / 2021 </div>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MALINOWSKI, TOM, , ,			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President State: <u>NJ</u>	
Calendar Year-To-Date Per Election for Office Sought 156.85			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶ 234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶
(c) TOTAL Independent Expenditures	▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
 10 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 43 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee The Lukens Company			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2021		
Mailing Address 2800 Shirlington Rd			Amount 117.25		
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42207		
Purpose of Expenditure Printing		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2021		
Name of Federal Candidate: MALLIOTAKIS, NICOLE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>11</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Lukens Company			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2021		
Mailing Address 2800 Shirlington Rd			Amount 234.50		
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42208		
Purpose of Expenditure Printing		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2021		
Name of Federal Candidate: MANCHIN III, JOE, , ,			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WV</u>		
Calendar Year-To-Date Per Election for Office Sought 604.96			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			351.75		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date MM / DD / YYYY 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 44 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

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Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42209 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: MCSALLY, MARTHA, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2185.35</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42210 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: MILLER-MEEKS, MARIANNETTE JANE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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20
2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 45 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 	Transaction ID : SE.42211 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 30 / 2021 </div>	
Name of Federal Candidate: <input type="checkbox"/> Support MURPHY, STEPHANIE, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought 302.48 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 	Transaction ID : SE.42212 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 30 / 2021 </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support NEHLS, TROY, , , <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought 302.48 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 46 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42213 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	
Name of Federal Candidate: O'HALLERAN, TOM, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42214 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	
Name of Federal Candidate: OWENS, BURGESS, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

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M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 47 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>		
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42215 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>	<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Name of Federal Candidate: <input type="checkbox"/> Support PAPPAS, CHRIS, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">234.50</div>		
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42216 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>	<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Name of Federal Candidate: <input type="checkbox"/> Support PELOSI, NANCY, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">604.96</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">351.75</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 48 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42218 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
Name of Federal Candidate: PERRY, SCOTT, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42219 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
Name of Federal Candidate: PORTER, KATHERINE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 45 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 49 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
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Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report	New report	Amends report filed on MM / DD / YYYY
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Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2021	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">234.50</div> Transaction ID : SE.42220 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2021	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 		
Name of Federal Candidate: PORTMAN, ROB THE HONORA, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought 604.96			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2021	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">117.25</div> Transaction ID : SE.42221 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2021	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 		
Name of Federal Candidate: ROY, CHIP, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶ 351.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶
(c) TOTAL Independent Expenditures	▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
 10 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 50 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">351.75</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42222 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-between;"> <div> Name of Federal Candidate: RUBIO, MARCO, , , </div> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">907.44</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42224 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-between;"> <div> Name of Federal Candidate: SALAZAR, MARIA ELVIRA, , , </div> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	Office Sought: <input checked="" type="checkbox"/> House District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	469.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 51 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42225 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; width: 100px;"></div>	
Name of Federal Candidate: SCHRADER, KURT, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>				

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42226 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; width: 100px;"></div>	
Name of Federal Candidate: SCHRIER, KIM DR., , ,			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>				

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 52 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42227 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	
Name of Federal Candidate: SCHUMER, CHARLES E., , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42228 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	
Name of Federal Candidate: SCHWEIKERT, DAVID S., , ,			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 53 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">234.50</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42229 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose SINEMA, KYRSTEN, , ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2419.85</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42230 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose SLOTKIN, ELISSA, , ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	351.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

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M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 54 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42231 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate: SPANBERGER, ABIGAIL, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">302.48</div>			<div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42232 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate: STEEL, MICHELLE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 48 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">117.25</div>			<div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 55 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42233 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	
Name of Federal Candidate: STEVENS, HALEY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.49</div>			<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42234 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	
Name of Federal Candidate: TENNEY, CLAUDIA, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.49</div>			<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 56 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
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 Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on / /

Full Name of Payee The Lukens Company <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2800 Shirlington Rd			Amount <input type="text"/> 117.25 Transaction ID : SE.42235 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Arlington	State VA	Zip Code 22206	
Purpose of Expenditure Printing		Category/ Type <input type="text"/>	
Name of Federal Candidate: TESTER, JON, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/> 302.49	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee The Lukens Company <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2800 Shirlington Rd			Amount <input type="text"/> 117.25 Transaction ID : SE.42236 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Arlington	State VA	Zip Code 22206	
Purpose of Expenditure Printing		Category/ Type <input type="text"/>	
Name of Federal Candidate: TILLIS, THOM R. SEN., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/> 604.97	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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 10 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 57 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2021</div> </div>		
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">234.50</div>		
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42237 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">30</div> <div style="border: 1px solid black; padding: 2px;">2021</div> </div>		
Purpose of Expenditure Printing			Category/ Type		
Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: PA		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">604.96</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2021		

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2021</div> </div>		
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>		
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42238 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">30</div> <div style="border: 1px solid black; padding: 2px;">2021</div> </div>		
Purpose of Expenditure Printing			Category/ Type		
Name of Federal Candidate: UNDERWOOD, LAUREN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 14 State: IL		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">302.49</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2021		

(a) SUBTOTAL of Itemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">351.75</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

Signature

[Electronically Filed]

Date

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2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 58 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 117.25 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 	Transaction ID : SE.42239 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 30 / 2021 </div>	
Name of Federal Candidate: VALADAO, DAVID, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought 302.49 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 117.25 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 	Transaction ID : SE.42240 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 30 / 2021 </div>	
Name of Federal Candidate: VAN DUYNE, ELIZABETH ANN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought 302.49 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	 234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 59 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>		
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42241 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate: WAGNER, ANN L., , ,			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">302.49</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2021		
Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">351.75</div>		
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42242 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate: WARNOCK, RAPHAEL, , ,			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">907.44</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2021		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">469.00</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
[Electronically Filed]			10 / 20 / 2021		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 60 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶
New report
Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.26 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></div>	Transaction ID : SE.42243 Date of Disbursement or Obligation <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Name of Federal Candidate: <input type="checkbox"/> Support WILD, SUSAN, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 15px;"></div> 302.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 39.60 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></div>	Transaction ID : SE.42064 Date of Disbursement or Obligation <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">16</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Name of Federal Candidate: <input type="checkbox"/> Support ALLRED, COLIN, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>32</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 15px;"></div> 185.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	156.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 61 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 1745 Suburban Drive					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City De Pere		State WI	Zip Code 54115		Amount 39.60
Purpose of Expenditure Postage			Category/ Type		Transaction ID : SE.42065 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
Name of Federal Candidate: AXNE, CINDY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought			185.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 1745 Suburban Drive					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City De Pere		State WI	Zip Code 54115		Amount 39.60
Purpose of Expenditure Postage			Category/ Type		Transaction ID : SE.42066 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
Name of Federal Candidate: AYOTTE, KELLY A, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought			476.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures					79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 62 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination		
Mailing Address 1745 Suburban Drive			<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
City State Zip Code De Pere WI 54115		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>			
Purpose of Expenditure Postage		Category/Type		Transaction ID : SE.42067 Date of Disbursement or Obligation	
Name of Federal Candidate: BACON, DONALD J, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>		
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination		
Mailing Address 1745 Suburban Drive			<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
City State Zip Code De Pere WI 54115		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">79.20</div>			
Purpose of Expenditure Postage		Category/Type		Transaction ID : SE.42068 Date of Disbursement or Obligation	
Name of Federal Candidate: BENNET, MICHAEL F., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">516.09</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">118.80</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 63 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City De Pere		State WI	Zip Code 54115		Amount 39.60
Purpose of Expenditure Postage			Category/Type 		Transaction ID : SE.42069 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021
Name of Federal Candidate: BICE, STEPHANIE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OK
Calendar Year-To-Date Per Election for Office Sought			185.23		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City De Pere		State WI	Zip Code 54115		Amount 39.60
Purpose of Expenditure Postage			Category/Type 		Transaction ID : SE.42070 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			185.23		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			79.20		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 64 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021	
Mailing Address 1745 Suburban Drive			Amount 39.60		
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42071		
Purpose of Expenditure Postage		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021		
Name of Federal Candidate: BOEBERT, LAUREN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President	District: 03 State: CO
Calendar Year-To-Date Per Election for Office Sought 185.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021	
Mailing Address 1745 Suburban Drive			Amount 39.60		
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42072		
Purpose of Expenditure Postage		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021		
Name of Federal Candidate: BOURDEAUX, CAROLYN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President	District: 07 State: GA
Calendar Year-To-Date Per Election for Office Sought 185.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 10 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 65 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42073 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate: BURR, RICHARD M, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">330.87</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42075 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate: BUSTOS, CHERI, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 66 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42076 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; margin-top: 2px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: CARTER, JOHN R. REP., , ,			Office Sought: <input checked="" type="checkbox"/> House District: 31 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42079 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; margin-top: 2px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: CARTWRIGHT, MATTHEW A., , ,			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 67 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City De Pere		State WI	Zip Code 54115		Amount 39.60
Purpose of Expenditure Postage			Category/Type 		Transaction ID : SE.42080 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021
Name of Federal Candidate: CASTEN, SEAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought			185.23 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City De Pere		State WI	Zip Code 54115		Amount 79.20
Purpose of Expenditure Postage			Category/Type 		Transaction ID : SE.42082 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021
Name of Federal Candidate: CORTEZ MASTO, CATHERINE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought			370.46 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				118.80	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 68 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee The Mail Haus <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021
Mailing Address 1745 Suburban Drive			Amount 39.60 Transaction ID : SE.42083 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021
City De Pere	State WI	Zip Code 54115	
Purpose of Expenditure Postage		Category/ Type 	
Name of Federal Candidate: CRAIG, ANGELA DAWN, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		185.23	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee The Mail Haus <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021
Mailing Address 1745 Suburban Drive			Amount 39.60 Transaction ID : SE.42084 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021
City De Pere	State WI	Zip Code 54115	
Purpose of Expenditure Postage		Category/ Type 	
Name of Federal Candidate: CRIST, CHARLIE JOSEPH, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		185.23	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 10 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 69 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42086 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: <input type="checkbox"/> Support DAVIDS, SHARICE, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42087 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support DEFAZIO, PETER A, , , <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 70 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 39.60 </div> Transaction ID : SE.42088 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type 		
Name of Federal Candidate: <input type="checkbox"/> Support DELGADO, ANTONIO, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>19</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought 185.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 39.60 </div> Transaction ID : SE.42089 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type 		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support FISCHBACH, MICHELLE, , , <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>	
Calendar Year-To-Date Per Election for Office Sought 185.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 79.20 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>
(c) TOTAL Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 71 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42090 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: FLETCHER, ELIZABETH, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42091 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: GARAMENDI, JOHN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 72 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42093 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: GARBARINO, ANDREW, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42094 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: GARCIA, MICHAEL, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 25 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 73 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42095 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type		
Name of Federal Candidate: GIMENEZ, CARLOS, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42096 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type		
Name of Federal Candidate: GOLDEN, JARED, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 74 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 39.60 </div> Transaction ID : SE.42097 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/Type 		
Name of Federal Candidate: GONZALES, ERNEST ANTHONY TONY, , , II			Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought 185.23 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 39.60 </div> Transaction ID : SE.42099 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/Type 		
Name of Federal Candidate: GONZALEZ, VICENTE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought 185.23 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶ 79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶
(c) TOTAL Independent Expenditures	▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 75 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42100 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: GOOD, ROBERT G., , ,			Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42101 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: GOTTHEIMER, JOSH, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 76 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">118.80</div> Transaction ID : SE.42102 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>		
Name of Federal Candidate: GRASSLEY, CHARLES E, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">555.69</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">79.20</div> Transaction ID : SE.42103 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>		
Name of Federal Candidate: HASSAN, MARGARET WOOD, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">555.69</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	198.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 77 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42104 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: HERRELL, STELLA YVETTE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NM	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42105 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: ARENHOLZ, ASHLEY HINSON, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 78 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee The Mail Haus <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021
Mailing Address 1745 Suburban Drive			Amount 39.60 Transaction ID : SE.42107 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021
City De Pere	State WI	Zip Code 54115	
Purpose of Expenditure Postage		Category/ Type 	
Name of Federal Candidate: HORSFORD, STEVEN ALEXZANDER, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		185.23	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee The Mail Haus <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021
Mailing Address 1745 Suburban Drive			Amount 39.60 Transaction ID : SE.42108 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021
City De Pere	State WI	Zip Code 54115	
Purpose of Expenditure Postage		Category/ Type 	
Name of Federal Candidate: HUDSON, RICHARD L. JR., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		185.23	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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 10 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 79 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">118.80</div> Transaction ID : SE.42109 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>		
Name of Federal Candidate: JOHNSON, RON HAROLD MR., , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">555.69</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">198.00</div> Transaction ID : SE.42110 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>		
Name of Federal Candidate: KELLY, MARK, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1363.05</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	316.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 80 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42111 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: KIM, YOUNG, , , <div style="float: right;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>			Office Sought: <input checked="" type="checkbox"/> House District: 39 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42112 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: KIND, RONALD JAMES, , , <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 81 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42113 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>		
Name of Federal Candidate: <input type="checkbox"/> Support LAMB, CONOR, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42114 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>		
Name of Federal Candidate: <input type="checkbox"/> Support LAXALT, ADAM, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">555.69</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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D D /

Y Y Y Y Y Y

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 82 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42115 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate: LEE, SUSIE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42116 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate: LEVIN, MIKE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 49 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 83 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42117 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: LURIA, ELAINE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42118 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: MACE, NANCY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 84 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 20 / 2021		
City De Pere		State WI	Amount <input type="text" value="MM/DD/YYYY"/> 39.60		
Zip Code 54115		Transaction ID : SE.42119			
Purpose of Expenditure Postage		Category/ Type <input type="text" value="MM/DD/YYYY"/>		Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 16 / 2021	
Name of Federal Candidate: MALINOWSKI, TOM, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u>			<input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="MM/DD/YYYY"/> 39.60			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 20 / 2021		
City De Pere		State WI	Amount <input type="text" value="MM/DD/YYYY"/> 39.60		
Zip Code 54115		Transaction ID : SE.42120			
Purpose of Expenditure Postage		Category/ Type <input type="text" value="MM/DD/YYYY"/>		Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 16 / 2021	
Name of Federal Candidate: MALLIOTAKIS, NICOLE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> House District: <u>11</u>			<input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="MM/DD/YYYY"/> 185.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<input type="text" value="MM/DD/YYYY"/> 79.20		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text" value="MM/DD/YYYY"/>		
(c) TOTAL Independent Expenditures			<input type="text" value="MM/DD/YYYY"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date <input type="text" value="MM/DD/YYYY"/> 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 85 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on MM / DD / YYYY	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 79.20 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type 	Transaction ID : SE.42121 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 09 / 16 / 2021 </div>	
Name of Federal Candidate: MANCHIN III, JOE, , ,			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought 370.46			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 39.60 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type 	Transaction ID : SE.42122 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 09 / 16 / 2021 </div>	
Name of Federal Candidate: MCSALLY, MARTHA, , ,			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought 1402.65			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	118.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 86 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination		
Mailing Address 1745 Suburban Drive			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
City De Pere	State WI	Zip Code 54115	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>		
Purpose of Expenditure Postage		Category/Type	Transaction ID : SE.42123 Date of Disbursement or Obligation		
Name of Federal Candidate: MILLER-MEEKS, MARIANNETTE JANE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination		
Mailing Address 1745 Suburban Drive			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
City De Pere	State WI	Zip Code 54115	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>		
Purpose of Expenditure Postage		Category/Type	Transaction ID : SE.42124 Date of Disbursement or Obligation		
Name of Federal Candidate: MURPHY, STEPHANIE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">79.20</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date	
				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 87 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input style="width: 20px;" type="text" value="MM"/> <input style="width: 20px;" type="text" value="MM"/> / <input style="width: 20px;" type="text" value="DD"/> <input style="width: 20px;" type="text" value="DD"/> / <input style="width: 20px;" type="text" value="YYYY"/> <input style="width: 20px;" type="text" value="YYYY"/>	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination <input style="width: 20px;" type="text" value="MM"/> <input style="width: 20px;" type="text" value="MM"/> / <input style="width: 20px;" type="text" value="DD"/> <input style="width: 20px;" type="text" value="DD"/> / <input style="width: 20px;" type="text" value="YYYY"/> <input style="width: 20px;" type="text" value="YYYY"/>		
City De Pere		State WI	Zip Code 54115		Amount <input style="width: 100px;" type="text" value="99.99"/>
Purpose of Expenditure Postage			Category/Type <input type="text" value=""/>		Transaction ID : SE.42125 Date of Disbursement or Obligation <input style="width: 20px;" type="text" value="MM"/> <input style="width: 20px;" type="text" value="MM"/> / <input style="width: 20px;" type="text" value="DD"/> <input style="width: 20px;" type="text" value="DD"/> / <input style="width: 20px;" type="text" value="YYYY"/> <input style="width: 20px;" type="text" value="YYYY"/>
Name of Federal Candidate: NEHLS, TROY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought			<input style="width: 100px;" type="text" value="99.99"/> 185.23		
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination <input style="width: 20px;" type="text" value="MM"/> <input style="width: 20px;" type="text" value="MM"/> / <input style="width: 20px;" type="text" value="DD"/> <input style="width: 20px;" type="text" value="DD"/> / <input style="width: 20px;" type="text" value="YYYY"/> <input style="width: 20px;" type="text" value="YYYY"/>		
City De Pere		State WI	Zip Code 54115		Amount <input style="width: 100px;" type="text" value="99.99"/>
Purpose of Expenditure Postage			Category/Type <input type="text" value=""/>		Transaction ID : SE.42126 Date of Disbursement or Obligation <input style="width: 20px;" type="text" value="MM"/> <input style="width: 20px;" type="text" value="MM"/> / <input style="width: 20px;" type="text" value="DD"/> <input style="width: 20px;" type="text" value="DD"/> / <input style="width: 20px;" type="text" value="YYYY"/> <input style="width: 20px;" type="text" value="YYYY"/>
Name of Federal Candidate: O'HALLERAN, TOM, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought			<input style="width: 100px;" type="text" value="99.99"/> 185.23		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2021 <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures</p> </div> <div style="text-align: right;"> <p><input style="width: 100px;" type="text" value="99.99"/> 79.20</p> <p><input style="width: 100px;" type="text" value="99.99"/></p> <p><input style="width: 100px;" type="text" value="99.99"/></p> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			Date <input style="width: 20px;" type="text" value="MM"/> <input style="width: 20px;" type="text" value="MM"/> / <input style="width: 20px;" type="text" value="DD"/> <input style="width: 20px;" type="text" value="DD"/> / <input style="width: 20px;" type="text" value="YYYY"/> <input style="width: 20px;" type="text" value="YYYY"/>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 88 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42127 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>		
Name of Federal Candidate: OWENS, BURGESS, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42128 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>		
Name of Federal Candidate: PAPPAS, CHRIS, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 89 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">79.20</div> Transaction ID : SE.42129 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: <input type="checkbox"/> Support PELOSI, NANCY, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">370.46</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42130 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support PERRY, SCOTT, , , <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	118.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 90 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 39.60 </div> Transaction ID : SE.42131 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type 		
Name of Federal Candidate: PORTER, KATHERINE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 45 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 185.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 79.20 </div> Transaction ID : SE.42132 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type 		
Name of Federal Candidate: PORTMAN, ROB THE HONORA, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought 370.46			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶ 118.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶
(c) TOTAL Independent Expenditures	▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 91 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 60px; border: 1px solid black;" type="text" value="YYYYYY"/>	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 60px; border: 1px solid black;" type="text" value="YYYYYY"/>
Mailing Address 1745 Suburban Drive			Amount <input style="width: 100px; border: 1px solid black;" type="text" value="39.60"/>		Transaction ID : SE.42133
City De Pere		State WI	Zip Code 54115	Date of Disbursement or Obligation <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 60px; border: 1px solid black;" type="text" value="YYYYYY"/>	
Purpose of Expenditure Postage			Category/ Type <input style="width: 40px; border: 1px solid black;" type="text" value=""/>		
Name of Federal Candidate: ROY, CHIP, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought			<input style="width: 100px; border: 1px solid black;" type="text" value="185.23"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 60px; border: 1px solid black;" type="text" value="YYYYYY"/>
Mailing Address 1745 Suburban Drive			Amount <input style="width: 100px; border: 1px solid black;" type="text" value="118.80"/>		Transaction ID : SE.42134
City De Pere		State WI	Zip Code 54115	Date of Disbursement or Obligation <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 60px; border: 1px solid black;" type="text" value="YYYYYY"/>	
Purpose of Expenditure Postage			Category/ Type <input style="width: 40px; border: 1px solid black;" type="text" value=""/>		
Name of Federal Candidate: RUBIO, MARCO, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought			<input style="width: 100px; border: 1px solid black;" type="text" value="555.69"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				<input style="width: 100px; border: 1px solid black;" type="text" value="158.40"/>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<input style="width: 100px; border: 1px solid black;" type="text" value=""/>	
(c) TOTAL Independent Expenditures				<input style="width: 100px; border: 1px solid black;" type="text" value=""/>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 60px; border: 1px solid black;" type="text" value="YYYYYY"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 92 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
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 Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on / /

Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1745 Suburban Drive				Amount <input type="text"/> 39.60	
City De Pere	State WI	Zip Code 54115		Transaction ID : SE.42135	
Purpose of Expenditure Postage			Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: SALAZAR, MARIA ELVIRA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>27</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 185.23				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1745 Suburban Drive				Amount <input type="text"/> 39.60	
City De Pere	State WI	Zip Code 54115		Transaction ID : SE.42136	
Purpose of Expenditure Postage			Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: SCHRADER, KURT, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 185.23				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 93 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42137 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; margin-top: 2px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: SCHRIER, KIM DR., , ,			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42138 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; margin-top: 2px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: SCHUMER, CHARLES E., , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 94 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 20 / 2021		
City De Pere	State WI	Zip Code 54115	Amount <input type="text" value="MM/DD/YYYY"/> 39.60		
Purpose of Expenditure Postage		Category/ Type <input type="text"/>	Transaction ID : SE.42139 Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 16 / 2021		
Name of Federal Candidate: SCHWEIKERT, DAVID S., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: AZ		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="MM/DD/YYYY"/> 185.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 20 / 2021		
City De Pere	State WI	Zip Code 54115	Amount <input type="text" value="MM/DD/YYYY"/> 79.20		
Purpose of Expenditure Postage		Category/ Type <input type="text"/>	Transaction ID : SE.42140 Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 16 / 2021		
Name of Federal Candidate: SINEMA, KYRSTEN, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AZ		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="MM/DD/YYYY"/> 1481.85			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<input type="text" value="MM/DD/YYYY"/> 118.80		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text" value="MM/DD/YYYY"/>		
(c) TOTAL Independent Expenditures			<input type="text" value="MM/DD/YYYY"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date <input type="text" value="MM/DD/YYYY"/> 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 95 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42141 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate: SLOTKIN, ELISSA, , , <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42142 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate: SPANBERGER, ABIGAIL, , , <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 96 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 39.60 </div> Transaction ID : SE.42143 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type 		
Name of Federal Candidate: <input type="checkbox"/> Support STEVENS, HALEY, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 185.24			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 39.60 </div> Transaction ID : SE.42144 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type 		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support STEEL, MICHELLE, , , <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 48 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 185.24			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 79.20 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>
(c) TOTAL Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>

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Gross, Jennifer, , ,

[Electronically Filed]

Date

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10 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 97 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>		
City De Pere	State WI	Zip Code 54115			
Purpose of Expenditure Postage		Category/ Type	Transaction ID : SE.42145 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: TENNEY, CLAUDIA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">185.24</div>		

Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>		
City De Pere	State WI	Zip Code 54115			
Purpose of Expenditure Postage		Category/ Type	Transaction ID : SE.42146 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: TESTER, JON, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">185.24</div>		

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 98 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Mail Haus			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 1745 Suburban Drive			Amount 39.60		
City De Pere		State WI	Zip Code 54115		Transaction ID : SE.42147
Purpose of Expenditure Postage			Category/ Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021
Name of Federal Candidate: TILLIS, THOM R. SEN., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			370.47		
Full Name of Payee The Mail Haus			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 1745 Suburban Drive			Amount 79.20		
City De Pere		State WI	Zip Code 54115		Transaction ID : SE.42148
Purpose of Expenditure Postage			Category/ Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021
Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought			370.46		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2021 <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures</p> </div> <div style="text-align: right;"> <p>118.80</p> <p> </p> <p> </p> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 99 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42149 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: UNDERWOOD, LAUREN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.24</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42152 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: VALADAO, DAVID, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.24</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 100 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42153 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>		
Name of Federal Candidate: VAN DUYN, ELIZABETH ANN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.24</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42154 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>		
Name of Federal Candidate: WAGNER, ANN L., , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.24</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 101 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">118.80</div> Transaction ID : SE.42155 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: <input type="checkbox"/> Support WARNOCK, RAPHAEL, , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">555.69</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42156 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: <input type="checkbox"/> Support WILD, SUSAN, , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.24</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	158.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 102 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41909 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Purpose of Expenditure Mailer Production		Category/ Type 	Name of Federal Candidate: ALLRED, COLIN, , ,		
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought		145.63	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41910 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Purpose of Expenditure Mailer Production		Category/ Type 	Name of Federal Candidate: AXNE, CINDY, , ,		
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		145.63	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.26		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 103 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148		
Purpose of Expenditure Mailer Production		Category/ Type	Transaction ID : SE.41911 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: AYOTTE, KELLY A, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148		
Purpose of Expenditure Mailer Production		Category/ Type	Transaction ID : SE.41913 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: BACON, DONALD J, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	291.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 104 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 291.26		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41918		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: BENNET, MICHAEL F., , ,			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought 291.26			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41919		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: BICE, STEPHANIE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u>		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			436.89		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 105 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount 145.63		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.41921 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount 145.63		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.41922 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: BOEBERT, LAUREN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			291.26		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 106 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41923 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mail Production		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: BOURDEAUX, CAROLYN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41925 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: BURR, RICHARD M, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	291.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 107 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 145.63 </div> Transaction ID : SE.41927 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 01 / 2021 </div>	
City Ashburn	State VA	Zip Code 20148		
Purpose of Expenditure Mailer Production		Category/ Type		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose BUSTOS, CHERI, , ,			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 17 State: IL	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 145.63 </div> Transaction ID : SE.41929 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 01 / 2021 </div>	
City Ashburn	State VA	Zip Code 20148		
Purpose of Expenditure Mailer Production		Category/ Type		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose CARTER, JOHN R. REP., , ,			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 31 State: TX	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;">291.26</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"></div>
(c) TOTAL Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 108 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount 145.63		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.41931 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: CARTWRIGHT, MATTHEW A., , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount 145.63		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.41933 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: CASTEN, SEAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.26		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 109 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 291.26		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41935		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: CORTEZ MASTO, CATHERINE, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought 291.26			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41937		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: CRAIG, ANGELA DAWN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			436.89		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 110 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41939 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: CRIST, CHARLIE JOSEPH, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41941 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: DAVIDS, SHARICE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	291.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 111 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41943 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Purpose of Expenditure Mailer Production		Category/ Type 			
Name of Federal Candidate: DEFAZIO, PETER A, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41945 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Purpose of Expenditure Mailer Production		Category/ Type 			
Name of Federal Candidate: DELGADO, ANTONIO, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.26		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 112 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41947		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2021		
Name of Federal Candidate: FISCHBACH, MICHELLE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41949		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2021		
Name of Federal Candidate: FLETCHER, ELIZABETH, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.26		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date MM / DD / YYYY 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 113 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41950		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: GARAMENDI, JOHN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41952		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: GARBARINO, ANDREW, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.26		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 114 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41954 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: GARCIA, MICHAEL, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 25 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41956 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: GIMENEZ, CARLOS, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	291.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 115 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41958		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: GOLDEN, JARED, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41960		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: GONZALES, ERNEST ANTHONY TONY, , , II			Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.26		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 116 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount 145.63		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.41962 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: GONZALEZ, VICENTE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>15</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount 145.63		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.41964 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: GOOD, ROBERT G., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.26		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 117 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41966		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2021		
Name of Federal Candidate: GOTTHEIMER, JOSH, , ,			Office Sought: <input type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 436.89		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41968		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2021		
Name of Federal Candidate: GRASSLEY, CHARLES E, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA <input checked="" type="checkbox"/> Support		
Calendar Year-To-Date Per Election for Office Sought 436.89			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			582.52		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date MM / DD / YYYY 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 118 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">291.26</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41970 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: HASSAN, MARGARET WOOD, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">436.89</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41972 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: HERRELL, STELLA YVETTE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NM	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	436.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 119 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41974		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: ARENHOLZ, ASHLEY HINSON, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41976		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: HORSFORD, STEVEN ALEXZANDER, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.26		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 120 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41978		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: HUDSON, RICHARD L. JR., , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 436.89		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41980		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: JOHNSON, RON HAROLD MR., , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>		
Calendar Year-To-Date Per Election for Office Sought 436.89			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			582.52		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 121 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 728.16		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41982		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: KELLY, MARK, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought 728.16			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41985		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: KIM, YOUNG, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 39 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			873.79		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 122 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41986		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: KIND, RONALD JAMES, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41988		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: LAMB, CONOR, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.26		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 123 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41990 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Mailer Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>		
Name of Federal Candidate: LAXALT, ADAM, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">436.89</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41992 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Mailer Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>		
Name of Federal Candidate: LEE, SUSIE, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">291.26</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 124 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount 145.63		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.41994 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: LEVIN, MIKE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 49 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount 145.63		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.41997 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: LURIA, ELAINE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.26		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 125 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 09 / 20 / 2021 </div>						
Mailing Address 21850 Inglewood Ct.	Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 145.63 </div>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">City</td> <td style="width: 33%; border-bottom: 1px solid black;">State</td> <td style="width: 33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Ashburn</td> <td style="border-bottom: 1px solid black;">VA</td> <td style="border-bottom: 1px solid black;">20148</td> </tr> </table>		City	State	Zip Code	Ashburn	VA	20148
City		State	Zip Code				
Ashburn	VA	20148					
Purpose of Expenditure Mailer Production							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support MACE, NANCY, , , <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>						
Calendar Year-To-Date Per Election for Office Sought 145.63	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 09 / 20 / 2021 </div>						
Mailing Address 21850 Inglewood Ct.	Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 145.63 </div>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">City</td> <td style="width: 33%; border-bottom: 1px solid black;">State</td> <td style="width: 33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Ashburn</td> <td style="border-bottom: 1px solid black;">VA</td> <td style="border-bottom: 1px solid black;">20148</td> </tr> </table>		City	State	Zip Code	Ashburn	VA	20148
City		State	Zip Code				
Ashburn	VA	20148					
Purpose of Expenditure Mailer Production							
Name of Federal Candidate: <input type="checkbox"/> Support MALINOWSKI, TOM, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>						
Calendar Year-To-Date Per Election for Office Sought 145.63	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 291.26 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 126 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount 145.63		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.42003 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: MALLIOTAKIS, NICOLE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 11 State: NY		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount 291.26		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.42005 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: MANCHIN III, JOE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: WV		
Calendar Year-To-Date Per Election for Office Sought 291.26			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			436.89		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 127 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>		
City Ashburn		State VA	Zip Code 20148	Amount <input style="width: 20px; border: 1px solid black;" type="text" value="09"/> <input style="width: 20px; border: 1px solid black;" type="text" value="20"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="2021"/>	
Purpose of Expenditure Mailer Production			Category/ Type <input style="width: 40px; border: 1px solid black;" type="text" value="SE.42006"/>	Transaction ID : SE.42006 Date of Disbursement or Obligation <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>	
Name of Federal Candidate: MCSALLY, MARTHA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input style="width: 20px; border: 1px solid black;" type="text" value="00"/> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <input style="width: 20px; border: 1px solid black;" type="text" value="AZ"/>	
Calendar Year-To-Date Per Election for Office Sought			<input style="width: 100px; border: 1px solid black;" type="text" value="873.79"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>		
City Ashburn		State VA	Zip Code 20148	Amount <input style="width: 20px; border: 1px solid black;" type="text" value="09"/> <input style="width: 20px; border: 1px solid black;" type="text" value="20"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="2021"/>	
Purpose of Expenditure Mailer Production			Category/ Type <input style="width: 40px; border: 1px solid black;" type="text" value="SE.42007"/>	Transaction ID : SE.42007 Date of Disbursement or Obligation <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>	
Name of Federal Candidate: MILLER-MEEKS, MARIANNETTE JANE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <input style="width: 20px; border: 1px solid black;" type="text" value="02"/> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <input style="width: 20px; border: 1px solid black;" type="text" value="IA"/>	
Calendar Year-To-Date Per Election for Office Sought			<input style="width: 100px; border: 1px solid black;" type="text" value="145.63"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				<input style="width: 100px; border: 1px solid black;" type="text" value="291.26"/>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<input style="width: 100px; border: 1px solid black;" type="text" value=""/>	
(c) TOTAL Independent Expenditures				<input style="width: 100px; border: 1px solid black;" type="text" value=""/>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]	Date <input style="width: 20px; border: 1px solid black;" type="text" value="10"/> <input style="width: 20px; border: 1px solid black;" type="text" value="20"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="2021"/>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 128 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42009 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Purpose of Expenditure Mailer Production		Category/ Type 			
Name of Federal Candidate: MURPHY, STEPHANIE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42011 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Purpose of Expenditure Mailer Production		Category/ Type 			
Name of Federal Candidate: NEHLS, TROY, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.26		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 129 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42012		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: O'HALLERAN, TOM, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42014		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: OWENS, BURGESS, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.26		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 130 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount 145.63		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.42016 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: PAPPAS, CHRIS, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount 291.26		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.42018 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: PELOSI, NANCY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>12</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 291.26			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			436.89		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 131 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount <input type="text" value="145.63"/>		
Purpose of Expenditure Mailer Production		Category/ Type <input type="text"/>	Transaction ID : SE.42020 Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 01 / 2021		
Name of Federal Candidate: PERRY, SCOTT, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 10 State: PA		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="145.63"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount <input type="text" value="145.63"/>		
Purpose of Expenditure Mailer Production		Category/ Type <input type="text"/>	Transaction ID : SE.42022 Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 01 / 2021		
Name of Federal Candidate: PORTER, KATHERINE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 45 State: CA		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="145.63"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<input type="text" value="291.26"/>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text"/>		
(c) TOTAL Independent Expenditures			<input type="text"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <input type="text" value="MM/DD/YYYY"/> 10 / 20 / 2021	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 132 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 291.26		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42024		
Purpose of Expenditure Mailer Production		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: PORTMAN, ROB THE HONORA, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought 291.26			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42026		
Purpose of Expenditure Mailer Production		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: ROY, CHIP, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			436.89		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 133 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">436.89</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42027 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: RUBIO, MARCO, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42029 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: SALAZAR, MARIA ELVIRA, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	582.52
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 134 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>		
City Ashburn		State VA		Zip Code 20148	
Purpose of Expenditure Mailer Production			Category/ Type <input type="text" value=""/>		
Name of Federal Candidate: SCHRADER, KURT, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<input type="text" value="145.63"/>		
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate			<input checked="" type="checkbox"/> House District: 05 State: OR		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>		
City Ashburn		State VA		Zip Code 20148	
Purpose of Expenditure Mailer Production			Category/ Type <input type="text" value=""/>		
Name of Federal Candidate: SCHRIER, KIM DR., , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<input type="text" value="145.63"/>		
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate			<input checked="" type="checkbox"/> House District: 08 State: WA		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<input type="text" value="291.26"/>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text" value=""/>		
(c) TOTAL Independent Expenditures			<input type="text" value=""/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 135 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42035 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: SCHUMER, CHARLES E., , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42037 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: SCHWEIKERT, DAVID S., , ,			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	291.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 136 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;"> New report Amends report filed on MM / DD / YYYY </div>			
Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
Mailing Address 21850 Inglewood Ct.		Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42039 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>
Purpose of Expenditure Mailer Production		Category/Type 	
Name of Federal Candidate: SINEMA, KYRSTEN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought 1165.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
Mailing Address 21850 Inglewood Ct.		Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42040 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>
Purpose of Expenditure Mailer Production		Category/Type 	
Name of Federal Candidate: SLOTKIN, ELISSA, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought 145.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Gross, Jennifer, , , Signature		Date MM / DD / YYYY	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42042		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: SPANBERGER, ABIGAIL, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.64		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42044		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: STEVENS, HALEY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>11</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>		
Calendar Year-To-Date Per Election for Office Sought 145.64			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.27		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 138 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.64		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42047		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: TENNEY, CLAUDIA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 22 State: NY		
Calendar Year-To-Date Per Election for Office Sought 145.64			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.64		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42049		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: TESTER, JON, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: MT		
Calendar Year-To-Date Per Election for Office Sought 145.64			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.28		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 139 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.64		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42050		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: TILLIS, THOM R. SEN., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 291.27			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 291.26		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42051		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 291.26			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			436.90		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.64		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42055		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: UNDERWOOD, LAUREN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>14</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>		
Calendar Year-To-Date Per Election for Office Sought 145.64			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.64		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42056		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: VALADAO, DAVID, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 145.64			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.28		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 141 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount 145.64		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.42058 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: VAN DUYNE, ELIZABETH ANN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 24 State: TX		
Calendar Year-To-Date Per Election for Office Sought 145.64			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount 145.64		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.42059 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: WAGNER, ANN L., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 02 State: MO		
Calendar Year-To-Date Per Election for Office Sought 145.64			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2021 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.28		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 142 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">436.89</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42060 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	Name of Federal Candidate: <input type="checkbox"/> Support WARNOCK, RAPHAEL, , , <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">436.89</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.64</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42061 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	Name of Federal Candidate: <input type="checkbox"/> Support WILD, SUSAN, , , <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">145.64</div>	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	582.53
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 143 OF 143
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee Tradewinds Consulting, Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 20 / 2021	
Mailing Address 21850 Inglewood Ct.			Amount <input type="text" value="Amount"/> 145.64	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42157	
Purpose of Expenditure Mailer Production		Category/ Type <input type="text" value="Category"/>	Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 01 / 2021	
Name of Federal Candidate: STEEL, MICHELLE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 48 State: CA	
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="Amount"/> 145.64			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/>	
Mailing Address			Amount <input type="text" value="Amount"/>	
City	State	Zip Code	Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/>	
Purpose of Expenditure		Category/ Type <input type="text" value="Category"/>		
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: State:	
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="Amount"/>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<input type="text" value="Amount"/> 145.64	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text" value="Amount"/>	
(c) TOTAL Independent Expenditures			<input type="text" value="Amount"/> 31155.56	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Gross, Jennifer, , , Signature			Date <input type="text" value="MM/DD/YYYY"/> 10 / 20 / 2021 [Electronically Filed]	